

Bölüm 5

HEPATOSELLÜLER KANSER

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Hepatosellüler kanser(HSK) en sık görülen ve ölüme sebebiyet veren hastalıklardan biridir. Özellikle kronik karaciğer hastalığı zemininde gelişmesi, hastaların ciddi ek morbiditelere sahip olmaları tedavi sürecini zorlaştırmaktaysa da günümüzde hastalığın teşhisi ve tedavi sürecindeki multi-disipliner yaklaşım, tarama ve transplantasyon programları sağkalımı belirgin olarak arttırmıştır. Cerrahi teknik ve bilgi birikiminin artması, anesteziyolojideki gelişmeler, karaciğerin görüntülenmesindeki ilerlemeler ve ablasyon, kemoembolizasyon gibi girişimsel radyolojik yöntemler bu artışta ortak pay sahibidir.

EPİDEMİYOLOJİ

HSK dünyada yılda yaklaşık 800.000 ölümlle sonuçlanmaktadır. Kansere bağlı ölümlerin dördüncü nedenidir. Yetişkin erkeklerde en sık tanı konulan beşinci, yetişkin kadınlarda en sık görülen dokuzuncu kanserdir(1). İnsidansı coğrafi bölgelere , aynı ülke içindeki ırksal ve etnik gruplar arasında ve aynı ülkedeki bölgeler arasında büyük farklılıklar gösterir. HSK'in dağılımındaki bu aşırı farklılıklar muhtemelen hepatit virüslerine ve çevresel patojenlere maruz kalmadaki bölgesel farklılıklar nedeniyledir. Kuzey - Latin Amerika ve Orta Avrupa dahil olmak üzere dünyanın birçok yerinde HSK insidans ve ölüm oranları artmaktadır (2008-2012 arası 3.1 kat)(2). Dünyadaki yüksek insidans bölgeleri, Sahraya yakın Afrika, Çin, Hong-kong ve Tayvan'ı kapsamaktadır. İnsidansı; Afrika'nın bazı bölgelerinde 100.000'de 24.2 ve doğu Asya'da 100.000'de 35.5'tir(3). Orta dereceli insidans alanları, doğu ve batı Avrupa, Tayland, Endonezya, Jamaika, Haiti, Y.Zelanda ve Alaskayı içerir. Kuzey ve Güney Amerika Avrupa, Avusturalya ve Orta Doğu bölgelerinin çoğu, yılda 100.000 nüfus başına üç vakadan az vaka bildiren düşük insidans alanlarıdır(4).

Görülme sıklığının yüksek olduğu bölgelerde daha yüksek oranlarda olmakla birlikte erkekler kadınlara göre 2.1 ila 5.7 kat daha fazla etkilenmektedirler. Oran, orta sıklıktaki bölgelerde ortalama 2.4/1 'e düşer ve düşük bölgelerde daha düşüktür(5). Cinsiyetler arasındaki bu farklılığın nedeni tam olarak anlaşılmasına

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tedavi protokolleri denenebilir. Sorafenibe refrakter HSK'de brivanib, tivatinib, ramucirumab, everolimus gibi ajanlarla çok sayıda çalışma devam etmekte ise de sağkalım süreleri ve tedaviye yanıt oranları başarılı olmamıştır. Günümüzde ileri evre, uygulanan tedavilere rağmen progresyon gösteren metastatik HSK'lı hastalarda sorafenib standart tedavi olarak uygulanmaktadır. Bulgular ve çalışmaların sonuçları ile bugün için transplantasyon sonrası adjuvan antitümör tedavisi önerilmemektedir. Transplantasyonu takiben hastalar BT-MR ve AFP seviyeleri ile periyodik olarak gözlem altında tutulmalıdırlar.

KAYNAKÇA

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